

DEPARTMENT OF ENVIRONMENTAL QUALITY  
CLEAN WATER FINANCING and ASSISTANCE PROGRAM  
PRE-APPLICATION FOR AGRICULTURAL BMP LOAN ASSISTANCE

**APPLICANT INFORMATION**

NAME OF LOAN APPLICANT: \_\_\_\_\_

FARM NAME (IF ANY): \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

TYPE OF FARM OPERATION: \_\_\_\_\_  
(DAIRY, POULTRY, SWINE, ROW CROP, BEEF, ETC.)

	YES	NO
Have you had a Nutrient Management Plan (NMP) developed for your farm ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a Conservation Plan developed for your farm ?	<input type="checkbox"/>	<input type="checkbox"/>
Has the plan been approved by the local soil and water conservation district?	<input type="checkbox"/>	<input type="checkbox"/>

**PROJECT LOCATION AND WATERSHED INFORMATION**

COUNTY WHERE FARM IS LOCATED \_\_\_\_\_

STATE OR COUNTY ROAD # \_\_\_\_\_

NEAREST WATER BODY (NAME OF CREEK, RIVER, LAKE, ETC.) \_\_\_\_\_

BRIEF DRIVING DIRECTIONS FROM NEAREST CITY OR TOWN TO YOUR FARM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**GRANT FUNDING INFORMATION**

	YES	NO
Did you apply for a Cost Share grant for any part of this project?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is YES provide the amount of Cost-Share participation you expect \$ \_\_\_\_\_

What is the amount of the Ag BMP low interest loan that you are requesting? \$ \_\_\_\_\_

**AUTHORIZATION AND SIGNATURE**

I wish to be considered for a low interest rate loan from the Ag BMP loan program. I also agree to allow appropriate agency or program management personnel access to land under my control for the purposes of evaluating the proposed practices during the implementation of the practices for which the requested loan is to be used.

SIGNATURE OF APPLICANT FOR DEQ AGRICULTURAL BMP LOAN FUNDS

PRINTED NAME \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**<Please Complete and Return Page 1 and Page 2 of this Pre-application>**

**LOAN ELIGIBLE BMP(S) AND ESTIMATED COST**

**IDENTIFY EACH BEST MANAGEMENT PRACTICE (BMP) THAT YOU ARE PLANNING TO  
IMPLEMENT BY PROVIDING THE ESTIMATED COST FOR EACH PRACTICE ON THE APPROPRIATE LINE  
( SEE ATTACHMENT FOR A DESCRIPTION OF THE PRACTICES )**

<u>PRACTICE TYPE</u>	<u>ESTIMATED COST</u>
SL-4 Terrace System.....	\$ _____
SL-5 Diversion .....	\$ _____
SL-6 Grazing Land Protection.....	\$ _____
SL-6B Alternative Water System .....	\$ _____
SL-11B Animal Travel Lane Stabilization .....	\$ _____
WP-1 Sediment Retention, Erosion or Water Control Structures .....	\$ _____
WP-2 Stream Protection .....	\$ _____
WP-2A Stream bank Stabilization .....	\$ _____
WP-2B Stream Crossing & Hardened Access .....	\$ _____
WP-2C Stream Channel Stabilization.....	\$ _____
WP-4 Animal Waste Control Facility.....	\$ _____
WP-4B Loafing Lot Management System .....	\$ _____
WP-4C Composter Facilities .....	\$ _____
WP-4E Animal Waste Structure Pumping Equipment .....	\$ _____
WP-5 Stormwater Retention Pond .....	\$ _____
WP-6 Agricultural Chemical & Fertilizer Handling Facility.....	\$ _____
WP-7 Surface Water Runoff Impoundment for Water Quality .....	\$ _____
WP-8 Relocation of Confined Feeding Operations .....	\$ _____
WQ-5 Water Table Control Structure.....	\$ _____
WQ-6 Constructed Wetlands .....	\$ _____
WQ-6B Wetland Restoration.....	\$ _____
WQ-8 Fuel Storage Treatment.....	\$ _____
NTD No-Till Drill / No-Till Planter .....	\$ _____
 ADD ALL AMOUNTS FROM LINES ABOVE FOR THE TOTAL ESTIMATED COST	 <b>\$</b> _____

*The completed application should be mailed to the following address:*

**Mr. Walter A. Gills  
Clean Water Financing and Assistance Program  
Department of Environmental Quality  
P.O. Box 1105  
Richmond, Virginia 23218**

*For additional information you may contact Dave Knicely:*

Phone: (540) 574-7891

Email: [david.knicely@deg.virginia.gov](mailto:david.knicely@deg.virginia.gov)

**<Please Complete and Return Page 1 and Page 2 of this Pre-application>**